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**May 07, 1999 8:00 am**  
**Secretary of State**

05-07-1999 90068 021 \*\*\*\*61.25

NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N93000001056**

1. Corporation Name

**LIVE OAK HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business

200 N 1ST ST  
 SUITE 117  
 COCOA BCH FL 32931  
 US

Mailing Address

200 NE 1ST ST  
 SUITE 117  
 COCOA BCH FL 32931  
 US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified  
**03/02/1993**

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number  
**65-0512956**

Applied For  
 Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

23 Zip Country

28 Zip Country

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

24 25

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WATSKY, MORRIS J**  
**700 N.W. 107 AVE.**  
**MIAMI FL 33172**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☒ DELETE  
 NAME **P**  
**CUERONI, M**  
 STREET ADDRESS **4873 ERIN LN**  
 CITY-ST-ZIP **MELBOURNE FL**

1.1 TITLE ☐ Change ☒ Addition  
 1.2 NAME **VP**  
 1.3 STREET ADDRESS **Douglas Dixon**  
 1.4 CITY-ST-ZIP **2779 Caitlin Court**  
**Melbourne FL 32940**

TITLE ☐ DELETE  
 NAME **VP**  
**VANDALL, M**  
 STREET ADDRESS **4856 ERIN LN**  
 CITY-ST-ZIP **MELBOURNE FL 32940**

2.1 TITLE ☒ Change ☐ Addition  
 2.2 NAME **PD**  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP

TITLE ☒ DELETE  
 NAME **D**  
**CUERRONI, MARK**  
 STREET ADDRESS **2955 PINEDA CAUSEWAY 117**  
 CITY-ST-ZIP **MELBOURNE FL**

3.1 TITLE ☐ Change ☒ Addition  
 3.2 NAME **D**  
 3.3 STREET ADDRESS **Janice Weaver**  
 3.4 CITY-ST-ZIP **2723 Mariah Drive**  
**Melbourne FL 32940**

TITLE ☐ DELETE  
 NAME **D**  
**MCCROSSON, C**  
 STREET ADDRESS **4877 ERIN LN**  
 CITY-ST-ZIP **MELBOURNE FL 32940**

4.1 TITLE ☒ Change ☐ Addition  
 4.2 NAME **STD**  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

TITLE ☒ DELETE  
 NAME **D**  
**DEROY, P**  
 STREET ADDRESS **2861 MARIAH DR**  
 CITY-ST-ZIP **MELBOURNE FL 32940**

5.1 TITLE ☐ Change ☒ Addition  
 5.2 NAME **D**  
 5.3 STREET ADDRESS **Richard L Bpps**  
 5.4 CITY-ST-ZIP **2753 Mariah Drive**  
**Melbourne FL 32940**

TITLE ☒ DELETE  
 NAME **ST**  
**OLIVA, J**  
 STREET ADDRESS **4983 ERIN LN**  
 CITY-ST-ZIP **MELBOURNE FL 32940**

6.1 TITLE ☐ Change ☐ Addition  
 6.2 NAME  
 6.3 STREET ADDRESS  
 6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or as an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/198)